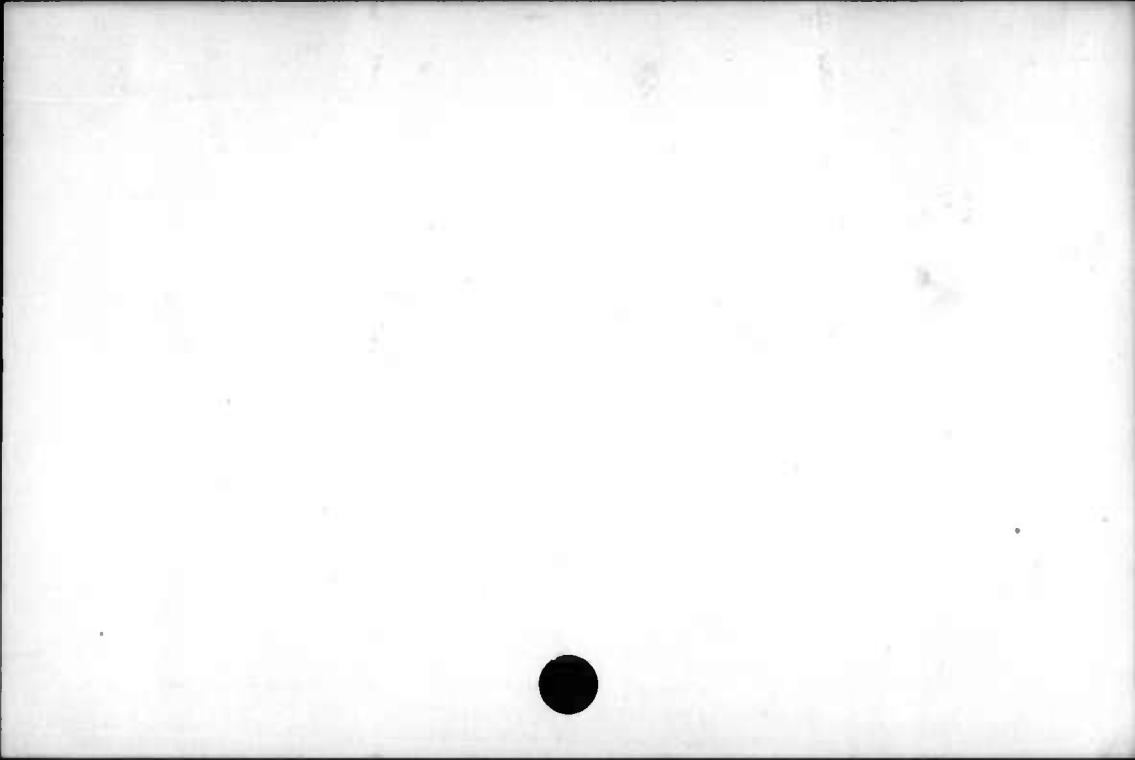


Name in Full		Elizabeth Ballard				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Upper Fairmount		County Somerset		MARYLAND
	Date of death 190	3	Month	9	Day	10	Age
					Years		76
	Sex	Female		Color or Race	White		Birth-place
							Maryland
	Married, Single or Widowed		Widow		Occupation		
	Name of Wife or Husband		D. J. Ballard				
PHYSICIAN OR CORONER	Father's Name		Henry Maddox		Father's Birthplace		Md.
	Mother's Maiden Name		Annie Surprenant		Mother's Birthplace		" "
	Name of person giving information		D. J. Maddox		How related to deceased		Cousin
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Indigestion		How long		1 day
	Immediate		Heart Trouble		How long		1 day
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
			Address				
Accident or Suicide?							



Name
in
Full

Mary F. Briddell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Stabat</i>		County <i>Somerset</i>		MARYLAND	
Date of death 190		3	Month <i>Sept</i>	6	Day	Age <i>52</i>	Years
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Somerset Co</i>		Months	
Married, Single or Widowed <i>Married</i>		Occupation <i></i>					
Name of Wife or Husband <i>Emerson Briddell</i>							
Father's Name <i>Littleton Bloodsworth</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Lucrecia Myrell</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving In formation <i>Tom Bloodsworth</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of uterus</i>	How long <i>2 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>4 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. L. Stacht M.D.</i>
	Address <i>Orion P. O. Ind</i>
Accident or Suicide? <i>No</i>	



Name in Full Thomas Burke.		1903		CERTIFICATE OF DEATH	
Died at Hopewell Sta.		County Somerset		MARYLAND	
Date of death 1903	Month Sept	Day 12	Age 95	Months —	Days —
Sex Male	Color or Race Black	Birth-place Hopewell.			
Married, Single or Widowed Married	Occupation Labourer				
Name of Wife or husband Julia Burke					
Father's Name — Unknown		Father's Birthplace Unknown			
Mother's Maiden Name — " 60"		Mother's Birthplace — "			
Name of person giving Information Julia Burke		How related to deceased Wife			
CAUSES OF DEATH					
Primary Paresis.		How long			
Immediate Senility.		How long			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W. H. Loubourn,			
		Address Crisfield, Md.			
Accident or Suicide?					



Name
in
Full

George Cottman

CERTIFICATE OF DEATH

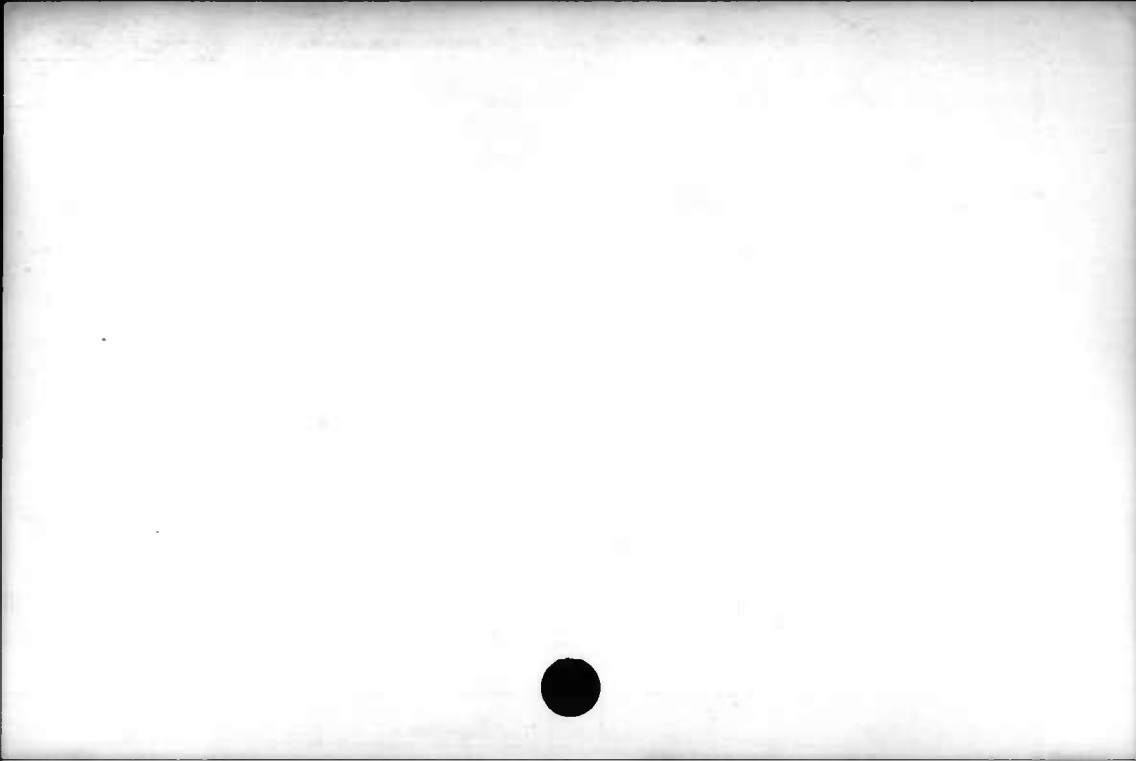
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Habuah		County Somerset		MARYLAND	
Date of death 190		3	Sept	9	Age Years	06	Months Days
Sex		Male		Color or Race		Black	
Married, Single or Widowed		Widower		Occupation		Farmer	
Name of Wife or Husband		Lehr					
Father's Name		—				Father's Birthplace	
Mother's Maiden Name		—				Mother's Birthplace	
Name of person giving In formation		T. W. Smith				How related to deceased	
		Friend					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile Decay		How long	—
Immediate	Paralysis		How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	B. L. Hays
			Address	Orville P.O., Md.
Accident or Suicide?				



Name in Full

Certificate of Death

Charles Dennis

Town

County

Died at

Kingston

Somerset

MARYLAND

Date

1903

Month Day
Sept. 26

Age

8

Native of

Md.

Occupation

Male

~~Female~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Enoch Dennis

Mother's

Name

Wester A. Dennis

Cause of

Primary

Cold

Death

Immediate

Diarhoea

How long sick

7-8 days

Accident, Suicide, Homicide

Reported by

G. W. Gill, M.D.

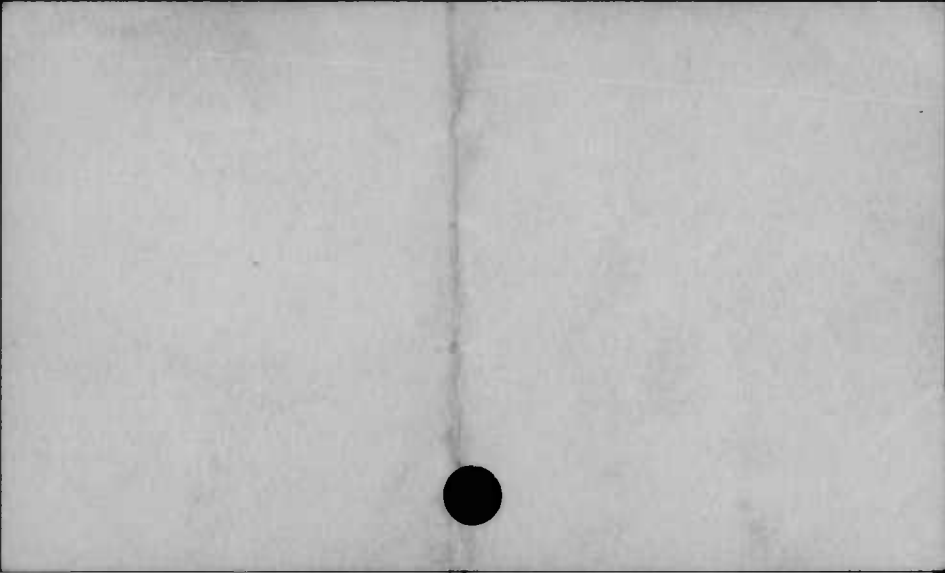
Address

Moanheim

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Caroline Dyer

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

9-12

Age

26

md

Housekeeper

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living none

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Pulmonary Consumption

How long sick

400 years

Death

Immediate

Drunk

Accident, Suicide, Homicide

Reported by

W. H. Hall

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Clara Belle Dryden</i>		Town <i>Cokesbury</i>		County <i>Dorchester</i>		MARYLAND	
Died at							
Date of death 190	3	Month <i>Sept</i>	Day <i>1st</i>	Age	30	Months <i>10</i>	Days <i>13</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth- place	<i>Cokesbury</i>
Married, Single or Widowed	<i>Married</i>			Occupation			<i>Domestic</i>
Name of Wife or Husband	<i>Wood F. Dryden</i>						
Father's Name	<i>Edward Miles</i>					Father's Birthplace	<i>Cokesbury</i>
Mother's Maiden Name	<i>Mary Anne</i>					Mother's Birthplace	<i>"</i>
Name of person giving Information	<i>Wood F. Dryden</i>					How related to deceased	<i>Husband</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General Debility + Laryngitis</i>		How long	<i>4 Months</i>
Immediate	<i>Meningitis (Tubercular)</i>		How long	<i>6 Days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>P. H. Hall</i>
			Address	<i>Baltimore City, Md.</i>
Accident or Suicide?				



Name in Full

Certificate of Death

Died at *Wernon* Town *Somerset* County *MARYLAND*
 Date 19*03* Month *9* Day *25* Age *18* Y. *3* M. *3* D. *3* Native of *Somerset* Occupation *Harmer*
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
 Female ☒ Colored ☒ Single ☒ Widower ☒ Number of children living *0*

Husband of

Wife

 Father's Name
 Mother's Name

 Maiden Name
Elisha Putton
Pellie King

Cause of

Primary

Consumption

How long sick

months

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Gen. Pashell & Bros And.

Address

Wernon Somerset Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate
derived from _____
of _____

Name in Full

Certificate of Death

Barton M. Glohegan

Died at Mt Vernon

Town

County

Somerset Co

MARYLAND

Date 1903 Month 9 Day 15 Y. 4 M. 4 D. 4 Native of Somerset Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

~~Husband~~ of
~~Wife~~

Father's
 Name

Jef Glohegan

Mother's

Maiden Name

Sada McDormon

Cause of { Primary

unknown

How long sick

Death { Immediate

Accident, Suicide, Homicide

Reported by

C. M. Dashiell & Bros

OVER

Address

Mt Vernon

Somerset Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 73825

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

C. M. Darshell

of *Mt Vernon*

Name
in
Full

Mary Elizabeth Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marion</i> ^{1 Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Sept.</i>	Day <i>23</i>	Age <i>33</i>	Years <i>33</i>	Months <i>9</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Somerset Co. Md.</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>House-wife</i>			
Name of Wife or Husband <i>Levin Henry Hall</i>					
Father's Name <i>Richard Cumberland Adams</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Susan Rebecca Beale</i>			Mother's Birthplace <i>Virginia</i>		
Name of person giving in formation <i>Nellie Lull</i>			How related to deceased <i>Aunt</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary + Intestinal Tuberculosis</i>	How long <i>12 months</i>
Immediate <i>Exhaustion</i>	How long <i>2 1/2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>O. B. Brown M.D.</i>
	Address <i>Marion Station</i>
Accident or Suicide?	<i>Maryland</i>



Name
in
Full

CERTIFICATE OF DEATH

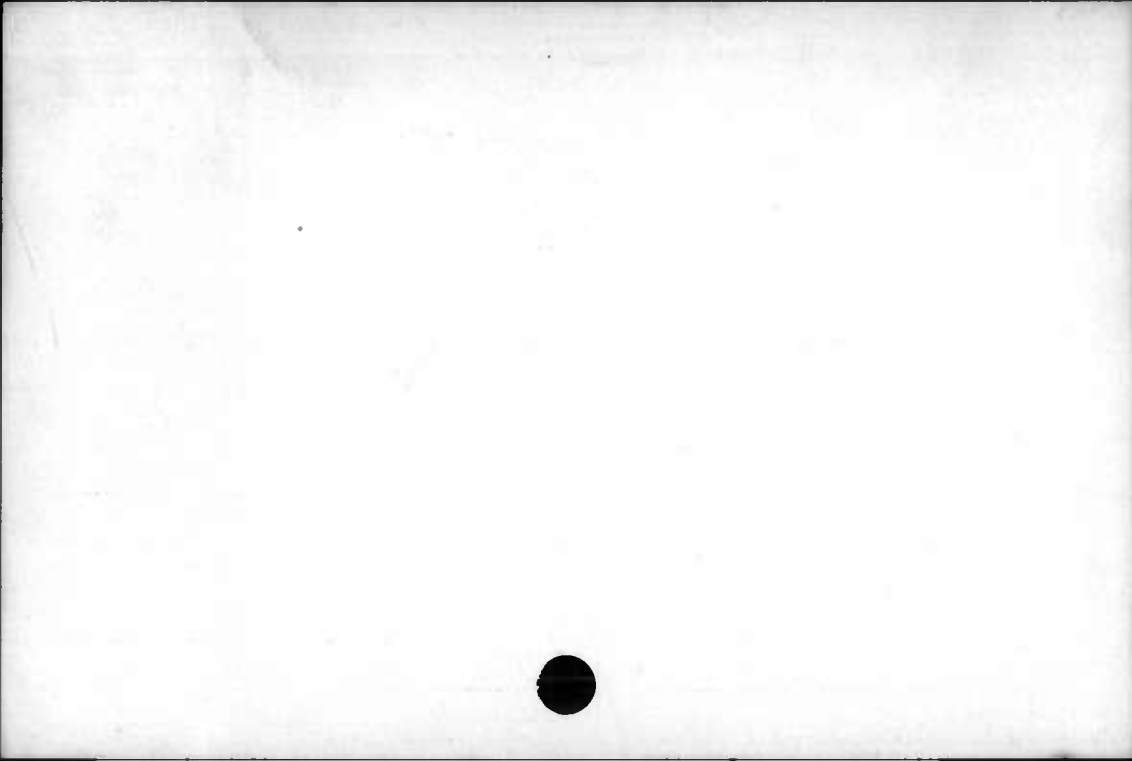
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Leavenworth</u> ^{Town}		<u>Sevier</u> ^{County}		MARYLAND	
Date of death 1903	Month <u>Sept.</u>	Day <u>6</u>	Age <u>62</u> ^{Years}	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Ind.</u>		
Married, Single or Widowed <u>Married</u>			Occupation <u>Laborman</u>		
Name of Wife or Husband <u>Stannah Hayward</u>					
Father's Name <u>Leven Hayward</u>				Father's Birthplace <u>Ind.</u>	
Mother's Maiden Name <u>Harriet Hayward</u>				Mother's Birthplace <u>Ind.</u>	
Name of person giving information <u>Stannah Hayward</u>				How related to deceased <u>Wife</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Heart Disease (myocardial infarction)</u>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>[Signature]</u>
	Address <u>[Signature]</u> <u>(not-true)</u>
Accident or Suicide?	



Town

Country

Town
Marumco

County
Somerset

MARYLAND

Month

Day

Age

Y.

M.

D.

Native of

Occupation

9 15

2, 2

And

Male

Abstract

~~24-1507~~

Divorced

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's
Name

Peter Jackson

Mother's
Maiden Name

Emma Green

Cause of

Primary

Croup

How long sick

6 days

Death

Immediate

Strangled

Accident, Suicide, Homicide

Reported by

Marcille Jackson and A W Dixon, Undertaker

Address

Marumaco Ind • Maroon Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

2011

10/20/11

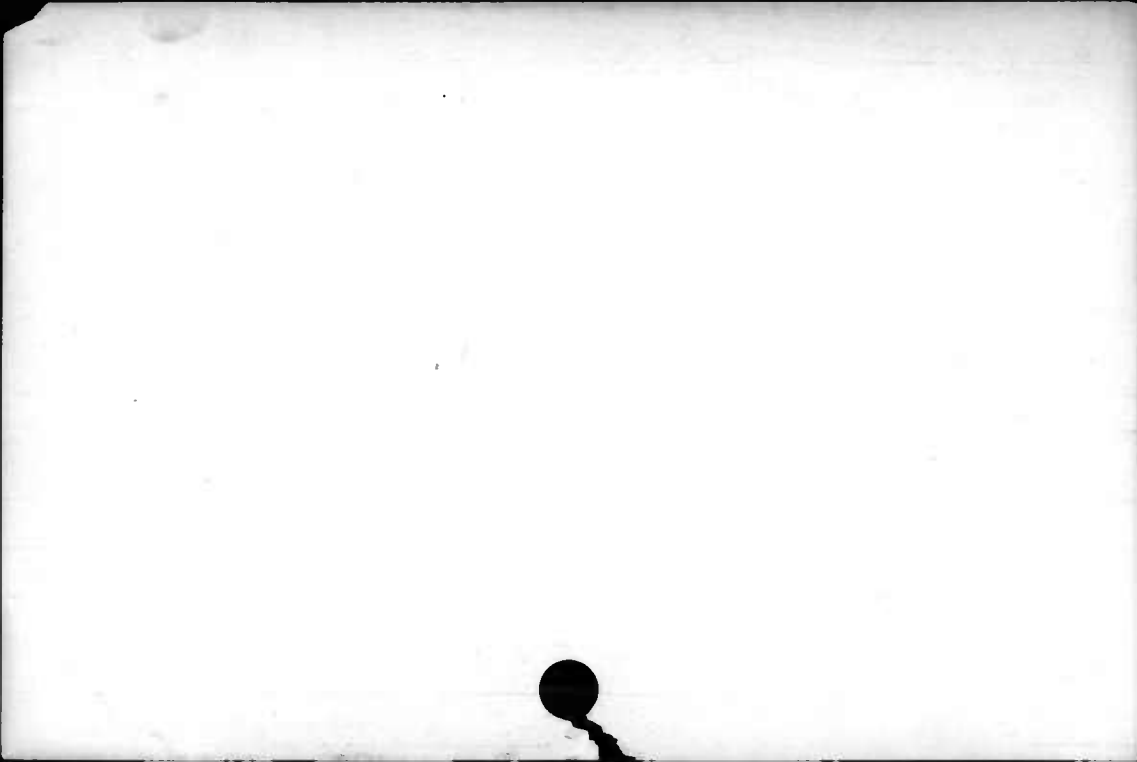


CERTIFICATE OF DEATH

Died at		Marion Station		County Somerset		MARYLAND	
Date of death 1903	Month Sept.	Day 11	Age 69	Months 11	Days 20		
Sex Female		Color or Race White		Birth-place Maryland			
Married, Single or Widowed Widow			Occupation Residing on farm				
Name of Wife or Husband John Thomas Miles (Deed.)							
Father's Name Wm Coston				Father's Birthplace Maryland			
Mother's Maiden Name Mary Miles				Mother's Birthplace Maryland			
Name of person giving information Roland C. Miles				How related to deceased Son			

CAUSES OF DEATH

Primary	Typhoid Fever ^{and} with Splenic Enlargement		How long	Three weeks
Immediate	Exhaustion		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	D. B. B. Lee M.D.
			Address	Marion Station Somerset County
Accident or Suicide?				



Name
in
Full

Sarah Miller Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Rehoboth</i> ^{Town}		<i>Somerset Co.</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	<i>Sept.</i> ^{Month}	<i>19</i> ^{Day}	<i>50</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Somerset Co Md</i>		
Occupation <i>House laborer</i>	Where Residing if not at place of death <i>at place of death</i>				
Married <i>Single</i> or Widowed		Name of Wife or Husband			
Father's Name <i>Isaac Collins</i>	Father's Birthplace <i>Somerset Co Md</i>				
Mother's Maiden Name <i>Mariah Boston</i>	Mother's Birthplace <i>Worcester Co Md</i>				
Name of person giving Information <i>Marro King</i>	How related to deceased <i>Husband of wife</i>				

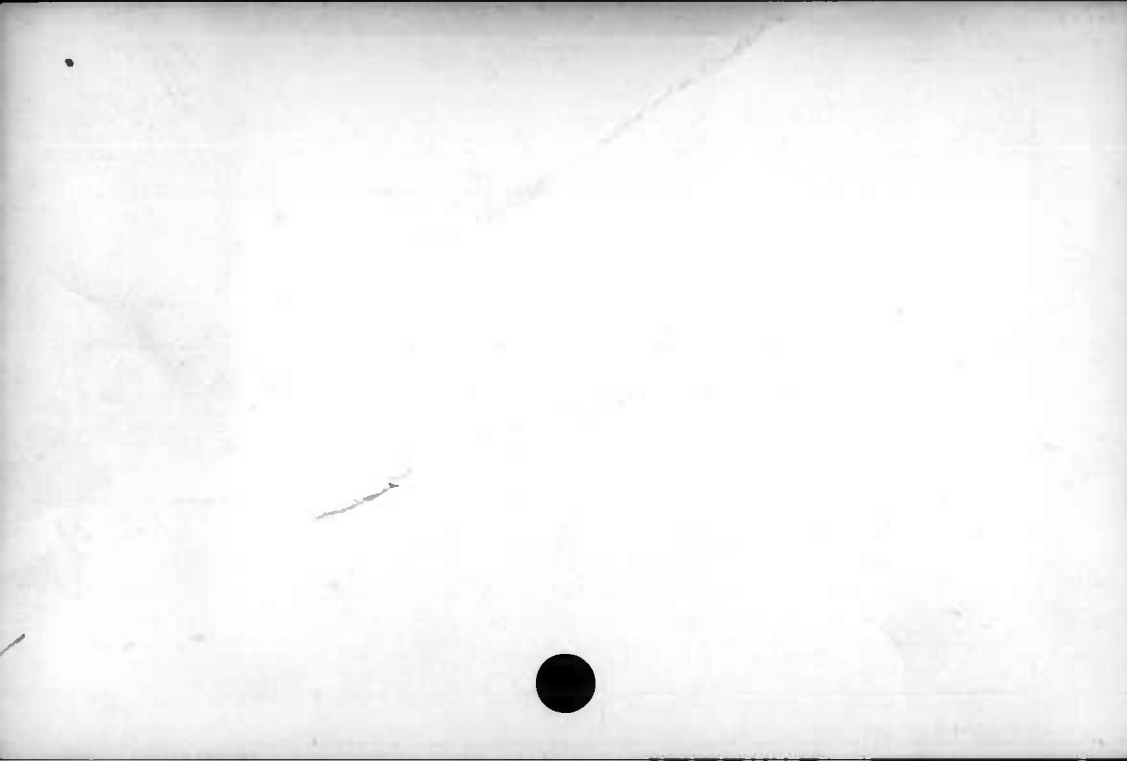
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic diarrhoea</i>	How long <i>4 months</i>
Immediate <i>Exhaustion by disease</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J T Boston</i>
	Address <i>Pocomoke City Md</i>
Accident or Suicide?	



Name in Full		Raymond Pearce				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND	
		Bellington Dublin		Somerset			
		Date of death 1903	Month	Day	Years	Months	Days
		Sept	4	21			
		Sex	Male	Color or Race	White	Birth-place	Somerset Co
		Married, Single or Widowed	Single	Occupation	Laborer		
		Name of Wife or Husband					
PHYSICIAN OR CORONER		Father's Name	Wm Pearce			Father's Birthplace	Somerset Co
		Mother's Maiden Name	Mary Gibbons			Mother's Birthplace	" "
		Name of person giving information	Wm Ross			How related to deceased	Neighbor
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary	Phthisis Pulmonacea			How long	a year
		Immediate	Exhaustion			How long	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Samuel S. L. L. L.
				Address		Pocomoke City Md	
		Accident or Suicide?					



Name

in
Full

CERTIFICATE OF DEATH

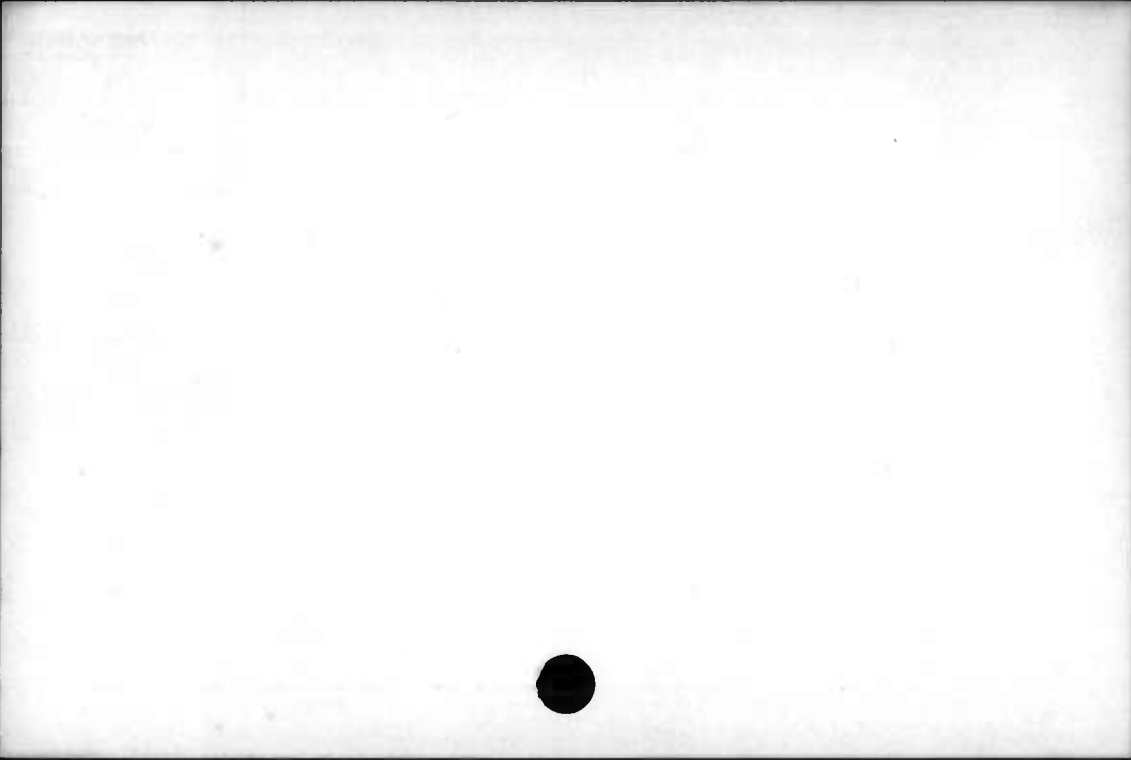
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Nottingham</i>			County <i>Farmers</i>			MARYLAND	
Date of death 190 <i>3</i>	Month <i>Sept</i>	Day <i>12</i>	Age <i>-</i>	Years <i>-</i>	Months <i>1</i>	Days <i>-</i>	
Sex <i>Boy</i>		Color or Race <i>White</i>		Birth-place <i>md</i>			
Married, Single or Widowed <i>-</i>				Occupation			
Name of Wife or Husband							
Father's Name <i>N. N. Porter</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Cecilia Miller</i>				Mother's Birthplace <i>md</i>			
Name of person giving information <i>Chas Porter</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nautil. know</i>	How long <i>Same birth</i>
Immediate <i>Birth</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. J. Smith</i>
	Address <i>Not in attendance</i>
Accident or Suicide?	



Name in Full *Isaac J Potter*

Town *Marion* County *Sermons* MARYLAND

Died at *Marion* Month *Sept* Day *25* Y. *65* M. *Y* D. *Y* Native of *Sermons* Occupation *Farmer*

Date 19 *Sept* *25* Age *65 yrs* *Sermons* *Farmer*

Male ~~Female~~ Married ~~Single~~ Divorced ~~Widow~~ Number of children living *Two*

Husband of *Julia Potter*

Wife of *Julia Potter*

Father's Name *Elijah Potter* Mother's Name *I do not know*

Cause of Death { Primary *Paralysis* Immediate *Paralysis* How long sick *two weeks* Accident, Suicide, Homicide

Reported by *Joshua Johnson*

Address *A. H. Gentry* *M D Marion Sta*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Elizabeth Pullet
Dublin District Somerset

County

MARYLAND

Date

of death 190

3

Month

9

Day

29

Age

Years

72

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Somerset Co

Married, Single
or Widowed

Married

Occupation

Housewife

Name of Wife or
Husband

Littletan Pullet

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
in formation

J. H. Long

How related
to deceased

Son-in-law

CAUSES OF DEATH

Primary

Nephelgia

How long

5

Immediate

Ephcurstian

How long

18 hrs

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. M. Wilson, M.D.
Pocomoke City
Worcester Co.PHYSICIAN
OR CORONER

Accident or Suicide?



Name in Full

Certificate of Death

James H Hard

Town

County

MARYLAND

Died at

Kerrfield

Somerset

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

9 11

Age 41

Md

Merchant

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

8

Husband of

Wife

Father's

Name

Mary E. Hard

James H. Hard

Mother's

Name

Sallie Hard

Cause of

Primary

Acute alcoholism

How long sick

one day

Death

Immediate

Convulsion

~~Accident, Suicide, Homicide~~

Reported by

W. F. Hall

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Lottie Waters

CERTIFICATE OF DEATH

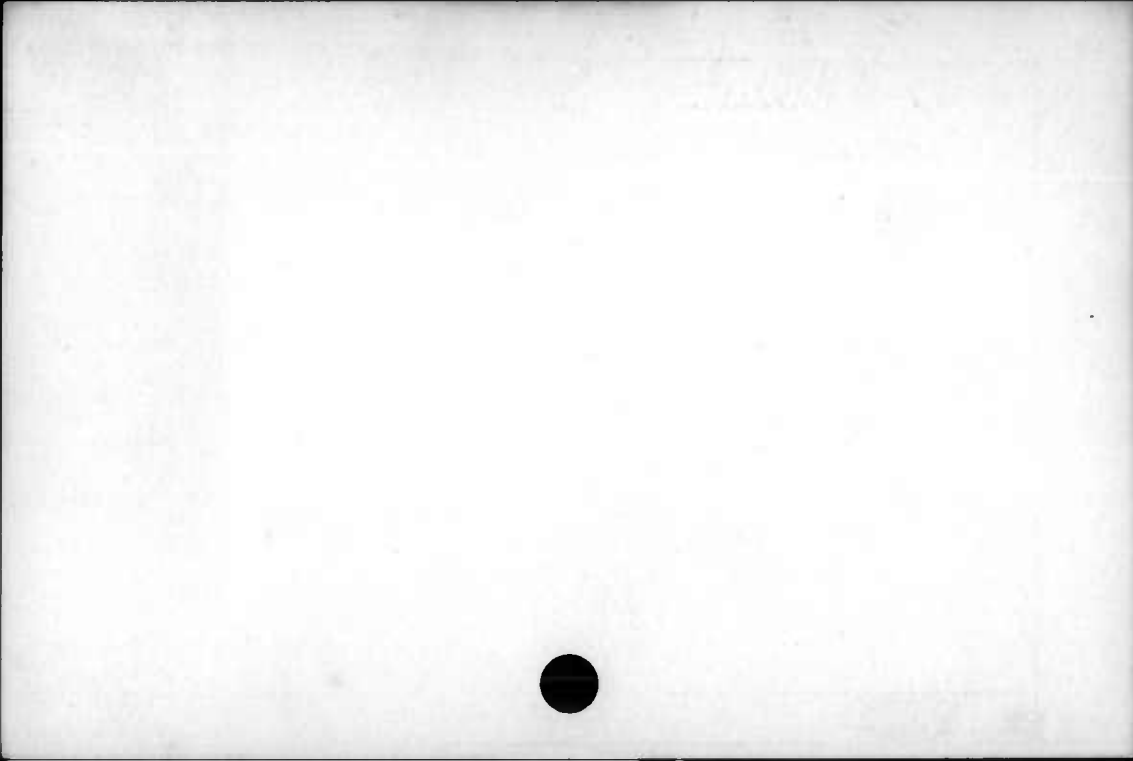
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Pocomoke City</i>		^{County} <i>Somerset</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>9</i>	Day <i>25</i>	Age <i>17</i>	Months	Days <i>22</i>
Sex <i>female</i>	Color or Race <i>colored</i>	Birth-place <i>Md.</i>			
Married, Single or Widowed <i>single</i>		Occupation <i>None</i>			
Name of Wife or Husband					
Father's Name <i>George Waters</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Mary Washington</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Sydney Waters</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>3 months</i>
Immediate <i>Exhaustion following hemorrhage</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. N. Wallis</i>
	Address <i>Pocomoke City Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beale Island</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>Sept</i> ^{Month}	<i>25</i> ^{Day}	Age <i>—</i> ^{Years}	<i>2 mo.</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Beale Island</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>David Dunn</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Marcy White</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Marcy White</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gunwound</i>	How long <i>since birth</i>
Immediate <i>Asphyxia</i>	How long <i>2 weeks -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. G. Alexander</i>
<i>Yes -</i>	Address <i>Beale Island, Md.</i>
Accident or Suicide?	

